DATE:	OATE: COMPANY:			LICENSE NAME:							
FACILITY NAME: FACILITY TYPE: CHILD FAMILY: ADULT FAMILY: CORPORATE: CONTACT PERSON:			ADDRESS:								
			PM HOURS NIGHT HRS				(A	(AWAKE)		(ASLEEP)	
DATE	DATE DIS- CLIEN	RM TO: KALEE THALER, ST IT NAME & OF BIRTH	COUNTY OF AND CURREN	20 W 2 ST, DULUTH M FINANCIAL RESP. NT CASE MANAGER/ R NAME, PHONE # AND	CLIENT PMI # (MA BILLING #)	DIAG CODE	O: 218-733-2979 WAIVER TYPE & PER- DIEM PMT		TOTAL AUTH UNITS	AND Your AFC Lic DAY PROG/SUPP EMPLOYMENT	ensor HOURS /UNITS
	Laster	DO.	ADDRESS And FINANCE	IAL WORKER NAME	,						
	Last na First na		B SW:								
			FW:								
	Last na		B SW:								
	First na	ame:	FW:								
	Last na	nme: DO	B SW:								
	First na	ame:									
	Last na	nme: DOI	FW: S SW:								
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	Last na	nme: DOI	FW: S SW:								
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			FW:								
	Last na	nme: DO	B SW:								
	First na	ame:	FW:								